

OCT 1 1997

FOR OFFICIAL USE ONLY

APPENDIX M

-- PIM DEACTIVATION CHECK LIST --

PIM DEACTIVATION PROCESSING

NOTE: ALL ITEMS MUST BE FILLED OUT PRIOR TO RESERVIST DEPARTING THE NMPS.

NAME: _____ RANK/RATE: _____
 SSN/DESIGNATOR: _____ SEX: M _____ F _____
 UNIT ASSIGNED: _____ UIC: _____
 DUTY STATION DEPARTING: _____ UIC: _____

	YES	NO	N/A	INITIAL
1. MEDICAL RECORD MAILED TO NRPC?				
2. RESERVIST DEPLOYED TO AOR? ADVISE RESERVIST OF FOLLOW-ON MEDICAL REQUIREMENTS.				
3. DENTAL RECORD MAILED TO NRPC?				
4. SERVICE RECORD MAILED TO NRPC?				
5. FINAL TRAVEL CLAIM COMPLETED PRIOR TO DEPARTING THE NMPS?				
6. RESERVIST INCLUDED IN A PERSONNEL TRANSFER REPORT TO NRPC IDENTIFYING PIM MEMBERS COMPLETING DEACTIVATION AND RETURNING TO HIS/HER HOME OF RECORD?				

SIGNATURE OF CERTIFYING NMPS OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

SIGNATURE OF PIM: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

Enclosure (1)

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